

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4		1				
5						
6						
7						
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10						
11						
12						
13		1				
14						
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17						
18						
19						
20		1				
21		1				
22		1				
23		1				
24		1				
25	1					
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32	1					
33		1				
34		1				
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36		1				
37		1				
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44	1					
45		1				
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	33					
TOTAL CLAIMS	38					